

**IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642**

APPLICATION INSTRUCTIONS FOR HEARING AID DEALER & FITTER LICENSE

The requirements noted below are for general information only. Please review the applicable laws and rules for the complete licensure requirements. Please read all application questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address below. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information, application fee, and initial license fee must be provided. Failure to provide a complete application will result in its return to you. Applications will be reviewed by the Board only after all required documentation has been received.

Definitions

"Hearing aid dealer and fitter" means a person licensed pursuant to this chapter to provide hearing aid evaluations and to sell, dispense and fit hearing aids in the state of Idaho.

"Practice of fitting and dealing in hearing aids" means the selection, adaptation, dispensing, fitting or sale of hearing aids, and includes the testing of hearing by means of an audiometer, or by any other device designed specifically for these purposes. The practice also includes the making of impressions for earmolds.

"Hearing aid" means any wearable electronic instrument or other device designed for the purpose of aiding or compensating for impaired human hearing and any parts, attachments or accessories, including earmolds attached to the hearing aid, but excluding batteries and cords. "Hearing aid" does not include those devices classified by the federal drug administration as assistive listening devices.

"Hearing aid evaluation" means the measurement of human hearing for the purpose of selecting or adapting a hearing aid, and not for obtaining medical diagnosis or legal documentation, and includes the following:

- (a) Air conduction threshold testing;
- (b) Bone conduction threshold testing;
- (c) Speech reception threshold testing;
- (d) Speech discrimination testing;
- (e) Most comfortable loudness level testing; and
- (f) Uncomfortable loudness level testing.

"Improper fitting" means a pattern of hearing aid selections or adaptations which cause physical damage to any portion of the ear, in which the electroacoustic characteristics of the hearing aid are inadequate for the consumer, or in which the hearing aid is physically or acoustically unsuited to the consumer including, but not limited to:

- (a) An all-in-the-ear hearing aid which continually falls out of the ear;
- (b) Any hearing aid or earmold which causes inappropriate feedback, pain or discomfort to the ear within thirty (30) days of the original delivery of the hearing aid to the consumer;
- (c) Fitting a consumer with impacted cerumen; or
- (d) Fitting a consumer with either an apparent unilateral sensorineural hearing loss or a significant air-bone gap without prior medical evaluation and approval.

License Requirement

Except as otherwise provided by law, it shall be unlawful for any person to engage in the practice or to perform or offer to practice or to act as a hearing aid dealer or fitter unless such person is duly licensed. Said license shall be posted in the licensee's established place of business or carried upon the person, and shall be presented as proof of licensure upon demand.

It is unlawful for any person or business entity, or its employees, agents or representatives, to use in connection with his or her name, or name of activity of the business, the words "hearing aid dealer and fitter" or any other title, abbreviation or insignia indicating or implying directly or indirectly that such person, business entity, employee, agent or representative is engaged in the practice of hearing aid dealing and fitting, unless such services are provided by an audiologist or hearing aid dealer and fitter licensed in accordance with Idaho law.

APPLICATION INSTRUCTIONS FOR HEARING AID DEALER & FITTER LICENSE

continued

Qualifications for licensure -- Hearing aid dealer and fitter

To be eligible for licensure as a hearing aid dealer and fitter, the applicant shall provide verification acceptable to the board of:

Being at least twenty-one (21) years of age;

Good moral character and temperate habits;

Never having had a license revoked or otherwise sanctioned as part of disciplinary action from this or any other state;

Never having been convicted, found guilty, or received a withheld judgment for any felony; and

Never having been found by the board to have engaged in conduct prohibited by this chapter, provided however, the board may take into consideration the rehabilitation of the applicant and other mitigating circumstances when considering applications for licensure;

Having successfully graduated from a four (4) year course at an accredited high school or the equivalent; and

Having successfully passed the International Hearing Instrument Studies examination.

Provisional permit.

The Board may issue a provisional permit to allow a person to engage in fitting and dealing hearing aids pursuant to rules adopted by the Board. The holder of a provisional permit may practice only while under the supervision of a person fully licensed. (See Rule 450.) Please use the Provisional Permit Application form.

Fees

The appropriate fees must be attached to each application. Application fees are not refundable.

Application fee	\$30.00
Examination Fee (includes processing fee)	\$145.00
Original License	\$100.00

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special examination accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

Questions regarding this application or the requirements for licensure may be addressed to:

IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD BUREAU OF OCCUPATIONAL LICENSES

1109 Main Street, Suite 220

Boise, Idaho 83702-5642

E-mail - shs@ibol.state.id.us

Web site – www.ibol.idaho.gov/shs.htm

APPLICATION FOR HEARING AID DEALER & FITTER LICENSE

APPLICATION FOR HEARING AID DEALER & FITTER LICENSE

(continued)

AFFIDAVIT

I hereby attest under penalty of perjury that I am of good moral character and temperate habits and that the responses provided and those attached to this application are true and accurate to the best of my knowledge and belief. I further attest that I have reviewed and will comply with the Idaho Laws and Rules and those ethical standards adopted by the Board that govern the practice for which I am applying.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 ____.

(seal)

Notary Public official signature
my commission expires _____

You will be notified of your application's status by mail. Please do not call the Bureau.